

**The City of Chattanooga
Neighborhood Grants Program**

APPLICATION FORM

Deadline: **Ten (10) Copies of the application must be received in the Neighborhood Services Department office no later than 4 p.m. on Friday, September 5, 2003.** The Department of Neighborhood Services will not provide copies. **Incomplete packets and/or applications received after this date will not be considered.**

Mail or deliver application to: Vanessa A. Jackson, Neighborhood Program Manager,
Chattanooga Neighborhood Services Department, 1001 Lindsay Street, Chattanooga, TN 37402.

Applicants may submit only one application for one project.

Faith Based organizations are not eligible as applicants in this funding cycle.
Eligible applicants may, however, partner with faith based organizations.

**Please refer to Grant Guidelines before completing this application.
Type or clearly print answers to all questions in the space provided.**

A) Legal Name of
Organization: _____

Type of Organization: _____ Neighborhood or Community Based Organization

_____ 501(c)(3) corporation (**include a copy of charter & by laws**)

1) Does your organization have an office and/or staff? If so please tell us:

Office address _____

Phone/fax number _____

E Mail address: _____

Name of Staff person _____

Title _____

2) Meeting Place

Location _____

Time _____

Day _____

B) Accountable Person

- 1) Name: _____
- 2) Mailing Address: _____
- 3) City, State, Zip Code _____
- 4) Daytime phone) _____ Home phone) _____
- 5) Fax _____
- 6) Email address _____
- 7) Signature and title of person accountable for implementing project

C) Second Accountable Person

- 1) Name: _____
- 2) Mailing Address: _____
- 3) City, State, Zip Code _____
- 4) Daytime phone) _____ Home phone) _____
- 5) Fax _____
- 6) Email address _____
- 7) Signature and title of second person accountable for implementing project

[illegible]

1. Tell us about your neighborhood group

a) When was the organization formed? Please attach a copy of the names, address, phone numbers, and email addresses for the officers or board members of your organization.

b) What are the boundaries of your neighborhood?

North _____
South _____
East _____
West _____

c) List any regular or annual events that your neighborhood association participates in or sponsors.

d) Have you received a City of Chattanooga Neighborhood Grant before?
If yes, gives dates, amount of grant(s), and describe the project.

e) Was/Were the project(s) completed? If so, what did you accomplish?

f) Did you attend the 2003 Technical Assistance Workshop?

Yes_____

No_____

2. **Tell us about your proposed project.**

a) Project Name_____

b) Goal or Purpose of Project:

<i>Impact/Sustainability</i>

c) Explain how your project will strengthen the neighborhood:

<i>Impact</i>

d) Project Objectives: How do you plan to carry out the project? (Objectives should be SMART: Specific, Measurable, Achievable, Realistic, and Timely. What exactly are you going to do? How will you know you have done it? Can it be done in the time & with the funds available? Why is it the priority right now?)

<i>Neighborhood Involvement/Partnerships /Capacity</i>

e) What persons and/or organizations were involved in designing the project? What were their roles?

Capacity /Neighborhood Involvement

f) Who will be implementing the project?

Sustainability/Impact

g) List project activities (there should be activities directly in support of each objective):

Impact/Capacity

h) Evaluation method: What method(s) will you use to evaluate whether you have accomplished the goal(s), objectives, and activities of your project? (For example, before /after photos, calendars, surveys, statistical analysis).

Neighborhood Grant Budget

1. Provide a detailed budget indicating **specific** costs for **all** project activities.
2. Include all equipment supplies, refreshments, consultants or other costs for each activity.
3. Complete Cost Sharing Summary and Budget Summary on following page.

Only indicate other funding source if authorized letter from partnering source is attached committing a specific amount of money, property, or other resources.

Awards made to projects based on commitments from other sources may be withdrawn if those partners withdraw their commitments from the project.

2003 FUNDING CATEGORIES AND MATCHING REQUIREMENTS

Tier One Funding Category

Projects requesting \$1,000 or less.

In support of newer/previously unfunded neighborhood associations, previously unfunded Tier One projects are encouraged, but not required, to provide a cost-sharing match.

Previously funded Tier One applicants must provide a cost sharing match per below.

Tier Two Funding Category

Projects requesting \$1,001 to \$7,000.

All projects requesting more than \$1,000, *and all previously funded applicants* (with proposed projects of any amount) must provide at least 33% of total project cost. Please refer to Table 1 at the end of this application.

Cost sharing may be in cash or in kind. Neighborhood association volunteer time will not be counted towards cost sharing. For more details about this and other program requirements, please participate in the technical assistance workshop.

COST SHARING SUMMARY

Item A. In-Kind Contribution(s)*:

Contributor	Item	Dollar Amount
Contributor	Item	Dollar Amount
Contributor	Item	Dollar Amount
Contributor	Item	Dollar Amount

Item A Total:\$

Item B. Cash Contribution(s)*:

Contributor	Dollar Amount
Contributor	Dollar Amount
Contributor	Dollar Amount
Contributor	Dollar Amount

Item B Total: \$

***Don't forget to include a letter of commitment from each contributor.**

BUDGET SUMMARY

- | | | |
|----|---|--|
| 1. | Insert Project Amount: | <input style="width: 95%;" type="text"/> |
| 2. | Insert Your Required Contribution
(From Table 1) | <input style="width: 95%;" type="text"/> |
| 3. | Insert Amount from Worksheet Item A (In-Kind Contrib.): | <input style="width: 95%;" type="text"/> |
| 4. | Insert Amount from Worksheet Item B: (Cash Contrib.): | <input style="width: 95%;" type="text"/> |
| 5. | Total Line 3 & 4; this is your matching contribution**
(This amount must be greater or equal to line 2) | <input style="width: 95%;" type="text"/> |
| 6. | Subtract Amount in line 5 from line 1
This is the amount of the grant request | <input style="width: 95%;" type="text"/> |

***If line 5 is less than line 2, you must find additional matching dollars or reduce the amount of your project.**

Applicant's Certification

I hereby certify that the above information is correct and that the applicant's governing body, as an expression of the community's wishes, has authorized this application.

Name _____ Signature _____

Title _____

President's or other authorized official's printed name, title, and signature required)

Date _____

To be signed by at least three officers of the Neighborhood Association(s) and three members at large from the organizational membership in which the proposed project will take place, indicating the neighborhood's support for this project as stated above.

Applications are not complete without signatures below.

President _____ **Date** _____ **phone** _____

Vice-President _____ **Date** _____ **phone** _____

Treasurer or Secretary _____ **Date** _____ **phone** _____

Members at Large

Name _____ **Date** _____ **phone** _____

Name _____ **Date** _____ **phone** _____

Name _____ **Date** _____ **phone** _____

